

Request for FAVN-OIE Rabies Antibody Test



DOD Veterinary Food Analysis
& Diagnostic Laboratory
2472 Schofield Road, Bldg 2630
Ft Sam Houston TX 78234-6232
Phone/Fax: (210) 295-4604 / 4416

Date/Time Received

Lab Accession Number

***OFFICIAL FORM:** Print all required information below.

Pet Destination: _____

Owner Information

Name of Owner: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Animal Information

Pet's Name: _____ Microchip No. _____

Dog ☐ Cat ☐ Breed: _____ Age: _____ Sex: _____

Color/Unique Markings: _____

Submitting Veterinarian

Veterinary Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Date Serum Collected: _____ Clinic Code (if known) _____

Name of Veterinarian: _____

Signature of Veterinarian: _____

Signature acknowledges identity of pet and microchip number

Results of Test - Lab Use Only